

**WAUKESHA COUNTY DEPARTMENT OF HUMAN SERVICES**  
**CONTRACT CHECKLIST**

Dear Vendor:

Enclosed please find your contract and attachments. The Waukesha County Health & Human Services Department contract/agreement requires that certain reports be returned to us.

**THOSE ITEMS BELOW THAT ARE CHECKED ARE YOUR AGENCY'S RESPONSIBILITY TO PROVIDE US.**

- XX 1. One signed copy of the contract/agreement.
- XX 2. One signed copy of the initial funding detail page. **(Will be mailed within 60 days)**
- XX 3. One signed copy of EACH Program Description.
- XX 4. Attachment 4 Rate Setting form (5 bed or larger CBRF, RCAC, or 3-4 bed AFH)
- XX 5. Appendix O Rate Setting form (only if you are a 1-2 bed AFH)
- XX 6. Photocopy of your License or Certificate (only if you provide a licensed/certified service).
- XX 7. Current Certificate of Insurance. **(ONLY A CERTIFICATE IS ACCEPTABLE)!**

You are required to submit a completed Civil Rights Compliance (CRC) plan **IF** conditions below apply to your organization. If your plan has been approved by the State of Wisconsin DHFS or DWD the letter of approval may be substituted for the actual plan. The plan may cover a 3 year period. **(This is not an Affirmative Action Plan.)** Plans can be found at [http://www.dwd.state.wi.us/dws/civil\\_rights/plans.htm](http://www.dwd.state.wi.us/dws/civil_rights/plans.htm).

The CRC plan is necessary **ONLY IF** your organization has:.

- 1. MORE than 25 employees (AGENCY-WIDE), **AND,**
- 2. Will receive MORE than \$25,000 in payments from WCH&HS for the current budget year.

If you do not meet the above requirements, you will be required to submit a Letter of Assurance. This letter may cover a 3 year period. A copy will be mailed to you separately. **Civil Rights Compliance (CRC) plans and Letters of Assurance will be due April 30, 2004.**

Any final billings or adjustments to billings for the 2004 contract year must be submitted by February 11, 2005. No billings for 2004 will be accepted after this date. **Failure to obtain billing for services by this date will negate any payment terms.**

Please sign the CONTRACT, the FUNDING DETAIL PAGE (when received) and the Program Descriptions and mail one set to me at my address below, as well as other items checked above. Please keep one set for your records. **No payments will be made for the 2004 contract year until these requirements have been met, with the exception of the initial Funding Detail page and the CRC plan/Letter of Assurance. Payment may be held if these items are not received in a timely manner.** Many of the required documents can be found on our website at [http://www.waukeshacounty.gov/departments/HHS/Business Partners/contracts.asp](http://www.waukeshacounty.gov/departments/HHS/Business%20Partners/contracts.asp), along with contact information.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR CONTACT:

JENNIFER M CARRIVEAU, SENIOR FINANCIAL ANALYST  
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